State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2014 Election Year

IF YOUR ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," YOU CANNOT USE THIS FORM. YOU MUST USE THE LONG FORM (FORM F-7) TO FILE YOUR CAMPAIGN FINANCE REPORT.

- 1. Has your committee received any loans?
- 2. Has your committee held any fundraisers?
- 3. Has your committee received any miscellaneous receipts, such as refunds or checking account interest?
- 4. Does your committee have any unpaid bills?
- 5. Have you or anyone else given an in-kind contribution to your campaign?

Candidate or Committee Name WE THE PEOPLE		Candidate or Committee's Treasurer ANDに知 SA BA K			
Political Party (for candida	tes)	Treasurer's Mailing Address (Street, Route or P.O. Box)			
Office Sought (for candida	tes) District/Division	City, State, Zip Code FARMON, WV 16.15			
Election Cycle Primary - First Report Due March 29-April 4, 2014 General - First Report Due September 22-26, 2014	Pre-General Report Due October 20-24, 2014	Post-General Report Due Nov. 17-Dec. 15, 2014	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report		
		ort Due In Calendar Year urday in March or within 6 ter	Zero balance requir PAC must also file Form F-6 Dissolution		

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1	-	45	TOTAL CONTRIBUTIONS
Total Contributions (from Page 2)	+	0	ELECTION YEAR-TO-DATE (Add line 2 from all reports)
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Subtotal (lines 1+2) 3	=	~	TOTAL EXPENDITURES
Total Expenditures (from Page 2)		0	ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance (lines 3-4)	=	8	<i>∞</i>
*Cannot have a ne	g balance		

CONTRIBUTORS OF:

\$250 or Less

More than \$250

	*						
Date	Full Name	Amount	Date	Fullblower			Amount
				Full Name: Address:			
			1	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) Full Name: Address:			
			_	Contributor's job: (Individent Where contributor works Affiliation: (Political comm	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)		
				Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) Full Name: Address:			
		-6		Contributor's job: (Individent Where contributor works Affiliation: (Political comm			
	Total Contributions:				6		
	Check if additional pages have been atached.			(add boti	i columns) L		
	ITEMIZED EXPENDI	TURES (Item	nize 3	rd pary expenditur	es/reimburse	ements)	
Date	Full name, residence address (if pe				Purpose		Amount
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	AS MANY COPIES IS PAGE AS YOU NEED.				Total Expend	litures:	0
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l,	ANDREW SARAK. ct, to the best of my knowledge,	of all finance	, S\	wear or affirm that t	he attached s	statement	is true and
	nent, as required by West Virgini			insactions occurring	within the pr	silod cove	ned by tills
	My and June			Signature	e of Candidate	∍, Agent, c	or Treasurer
Date	Arland Sabek JUNE 1 20 14					HI O JIH	IS
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